

257560

DEPARTMENT OF TRANSPORTATION
FLEETS

OFFICE OF MOTOR CARRIER SAFETY

SERVED October 17, 2003

UNITED STATES DEPARTMENT OF TRANSPORTATION
OFFICE OF HEARINGS
WASHINGTON, DC

FMCSA v. LINDELL D. LINGLE TRUCKING
And LINDELL D. LINGLE, JR.

Docket No. OMCS-99-6640 -38
(Office of Motor Carrier Safety)

**RESPONSE OF LINDELL D. LINGLE TRUCKING & LINDELL D. LINGLE, JR. TO
ORDER FOLLOWING REMAND ORDER TO RESPONDENT TO SHOW CAUSE**

By: _____


Edward D. McNamara, Jr.

**RESPONSE OF LINDELL D. LINGLE TRUCKING & LINDELL D. LINGLE, JR. TO
ORDER FOLLOWING REMAND ORDER TO RESPONDENT TO SHOW CAUSE**

NOW COME LINDELL D. LINGLE TRUCKING and LINDELL D. LINGLE, JR. by their attorney, Edward D. McNamara, Jr. of McNamara & Evans, and hereby respond to the Order entered in the above matter and served September 15, 2003 and attach the following documents in support thereto.

1. Statement of Earnings for Lindell D. Lingle, Jr. for year 2003.
2. Affidavit of Assets of Lindell D. Lingle, Jr.
3. Financial Disclosure Statement of Lindell D. Lingle, Jr. from Union County, IL divorce case.
4. 2002 Illinois Income Tax Return of Lindell D. Lingle, Jr. and Theresa Lingle.
5. Group Exhibit consisting of 19 pages setting forth unemployment benefit payments to Lindell D. Lingle, Jr. during 2002 and 2003.

Lindell D. Lingle, Jr. respectfully requests that the Service List be amended to include not only the address of Lindell D. Lingle, Jr. at Route 2 Box 223, Dongola, IL 62926 and P.O. Box 197, Anna, IL 62906, but also show Lindell D. Lingle, Jr. being served care of Kim Kelly, 500 East Vienna St., Anna, IL 62906.

RESPECTFULLY SUBMITTED,
Lindell D. Lingle, Jr.,

By: 

Edward D. McNamara, Jr., his attorney

CERTIFICATE OF SERVICE

The undersigned hereby certifies that copies of the foregoing document were served on all members of the below Service List by regular mail and by fax this 17th day of October, 2003.

Edward S. McManara 

SERVICE LIST

U.S. DOT Dockets
U.S. Department of Transportation
400 7th Street, SW, Room PL-401
Washington, DC 20590
Fax: (202) 366-7536

The Honorable Burton S. Kolko
Administrative Law Judge
Office of Hearings, M-20, Room 5411
U.S. Department of Transportation
400 7th Street, SW
Washington, DC 20590
Fax: (202) 366-7536

Peter W. Snyder, Esq.
FMCSA
19900 Governors Drive
Olympia Fields, IL 60461
Fax: (708) 283-3579

Lindell D. Lingle, Jr.
P.O. Box 197
Anna, IL 62906

Doug Sawin
Field Administrator
FMCSA
Midwestern Resource Center
19900 Governors Drive, Suite 210
Olympia Fields, IL 60461-1021
Fax: (708) 283-3501

Lindell D. Lingle, Jr.
Route 2 – Box 223
Dongola, IL 62926

Lindell D. Lingle, Jr.
c/o Kim Kelly
500 East Vienna Street
Anna, IL 62906



DANIEL W. HYNES
COMPTROLLER - STATE OF ILLINOIS

002038



SALARY EARNINGS STATEMENT
FOR PAY PERIOD ENDING 07-15-2003
SCHEDULED PAY DATE 08-01-2003

23-106
8062

LINGLE LINDELL JR D
P O BOX 197
ANNA IL 62906

WARRANT
SH6315255

YEAR TO DATE EARNINGS AND TAXES

GROSS EARNINGS	1374.00
FEDERAL TAX	87.60
F.I.C.A.	105.11
STATE TAX	36.22
OTHER COMP.	.00
NON-TAX INCOME	.00
EARNED INC. CRED.	.00

YEAR TO DATE GROSS EARNINGS PLUS
OTHER COMPENSATION LESS NON-TAXABLE
INCOME EQUAL TAXABLE GROSS.

CURRENT PERIOD EARNINGS AND DEDUCTIONS

SOCIAL SECURITY NO.	BASE PAY	OVERTIME PAY	LUMP SUM	ADDITIONAL GROSS	GROSS EARNINGS
353-58-6868	1374.00	.00	.00	.00	1374.00
DEDUCTIONS:					
FEDERAL TAX	87.60	STATE TAX	36.22	FICA	105.11

NOTE:
*GROSS PAY INCREASED BY THIS AMOUNT

TOTAL DEDUCTIONS	228.93
EARNED INC. CRED.	.00
NET PAY	1145.07



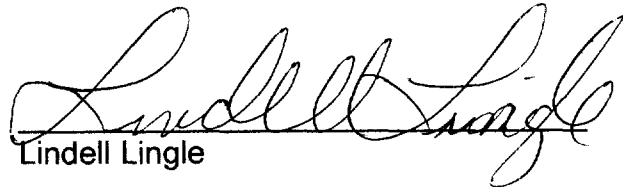
STATE OF ILLINOIS)
) SS
COUNTY OF UNION)

AFFIDAVIT OF ASSETS


Lindell Lingle, being first duly sworn on oath states as follows:

1. That I am preparing this affidavit to show that I do not have the ability to pay a fine of \$25,000.00.
2. I have been unemployed since August of 2002 and currently am receiving Unemployment compensation.
3. I am in the process of being involved in a divorce case and my wife has possession of all my marital property including my personal property.
4. I pay \$197.00 every two weeks as and for child support for my children out of my unemployment.
5. My only vehicle is a 1976 Ford pickup truck.
6. I am living in a camper currently and will be the foreseeable future.
7. I have no savings, no stocks or bonds, no other tangible assets.
8. I have no claims against anyone for any damages or other income.
9. I have no inheritance in the foreseeable future.
10. I am unable to pay a fine of \$25,000.00.

Further affiant sayeth not.


Lindell Lingle

Subscribed and sworn to before me this 16th day of October 2003.


Notary Public



IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT

UNION COUNTY, ILLINOIS

IN RE: THE MARRIAGE OF)

THERESA SUE LINGLE,)

Petitioner Counterrespondent)

and)

No. 2002-D-61

LINDELL DEE LINGLE, JR.,)

Respondent/Counterpetitioner)

FINANCIAL DISCLOSURE STATEMENT
OF
LINDELL DEE LINGLE, JR.

I, Lindell Dee Lingle, Jr., being first duly sworn on my oath, state as follows:

1. I understand and agree that all statements contained in this Financial Disclosure

Statement may be considered by the Court, along with any other evidence offered and received,
 in deciding the contested issues in this case.

2. I am currently employed as follows:

a. Name of my Employer: Unemployed

b. Length of my employment: _____

c. Position: _____

d. Gross Monthly wages: _____

e. Deductions:

i. Federal Income Tax _____

ii. State Income Tax _____

iii. Social Security _____

iv. Medicare _____

v. Medical Insurance _____

vi. Union Dues _____

vii. Other (list in detail) _____

f. Total deductions _____

g. Net income I receive after deductions from Employment _____

3. Any income I receive from other sources is as follows:

<u>SOURCE</u>	<u>AVERAGE MONTHLY</u>
IL Dept. of Employment Security (unemployment)	\$ (gross) 1,724.00
Federal taxes withheld	\$ - 172.00
Net earnings	\$ 1,552.00

4. My estimated monthly living expenses living separate and apart from my spouse with 0 children are as follows:

<u>EXPENSE</u>	<u>AMOUNT</u>
a) Rent/house payment	\$ -0-
b) Electricity	\$ 50.00
c) Gas	\$ 62.00
d) Water and sewer	\$ -0-
e) Telephone	\$ 100.00
f) Trash removal	\$ -0-
g) Cable television	\$ -0-
h) Homeowner's/Renter's insurance	\$ -0-
i) Real Estate taxes	\$ -0-
j) Groceries/Household supplies	\$ 150.00
k) Restaurant meals	\$ 200.00
l) Automobile insurance	\$ 39.42
m) Automobile gas, oil and repairs	\$ 300.00
n) Medical bills (not covered by insurance)	\$ -0-
o) Clothing (self)	\$ 50.00
p) Clothing (children)	\$ -0-
q) Laundry and Dry cleaning	\$ -0-
r) Babysitter/Child care	\$ -0-
s) School and school supplies	\$ -0-
t) Church/Charitable contribution	\$ -0-
u) Newspapers, magazines and books	\$ -0-
v) Barber/Beauty shop	\$ 10.00
w) Child support/Maintenance	\$ 388.00
x) Recreation/Entertainment	\$ 150.00
y) Other (specify in detail)	
<u>Life insurance</u>	\$ 40.98
<u>Union dues</u>	\$ 33.00

Total Monthly Living Expenses: \$ 1,573.40

5. The marital debts* owed by myself and my spouse are as follows:

<u>CREDITOR</u>	<u>PURPOSE</u>	<u>MONTHLY</u>	<u>BALANCE</u>
Anna National Bank	House loan	\$ 773.65	\$ 49,416.88
Ed McNamara	Attorney fees	\$ 3,011.00	\$ 3,011.00
Dongola State Bank	Auto loan	\$ unknown	\$ 12,000.00
American Express	home items, truck pmt, living exp.	Unknown	\$ 6,741.45
FTB&T Card Services	" " " " " "	\$ 309.00	\$ 1,491.02
Advanta Bank Corp.	" " " " " "	\$ 166.00	\$ 922.02
Chase Manhattan Bank	" " " " " "	\$ 562.00	\$ 3,561.86
National City	" " " " " "	\$ 728.00	\$ 5,386.08
Elan	" " " " " "	\$ 120.00	\$ 885.15
Citibusiness Platinum	" " " " " "	\$ 3,113.36	\$ 3,113.36
The Associates VISA	" " " " " "	\$ 105.00	\$ 429.27
American Express	" " " " " "	\$ 324.47	\$ 324.47
Commerce Bank	" " " " " "	\$ 369.00	\$ 1,801.71
First USA Bank	" " " " " "	\$ 905.73	\$ 4,192.73
Citibank Platinum	" " " " " "	\$ 122.25	\$ 5,699.82
Capital One	" " " " " "	\$ 4,466.62	\$ 4,466.62
First National Bank of Omaha	" " " " " "	\$ 60.00	\$ 295.16
Citibank Platinum	" " " " " "	\$ 3,921.05	\$ 3,921.05
Sam's Club	" " " " " "	\$ 349.31	\$ 349.31
Wachovia	" " " " " "	\$ 558.63	\$ 1,814.63
Wachovia	" " " " " "	\$ 910.25	\$ 2,127.25
CitiDriver Edge	" " " " " "	\$ 240.99	\$ 240.99
GM Card	" " " " " "	\$ 535.00	\$ 3,636.09
Wells Fargo	" " " " " "	\$ 1,540.66	\$ 31,092.15
MBNA America	" " " " " "	\$ 912.00	\$ 6,000.61
American Express	" " " " " "	\$ 90.00	\$ 404.52
Wal-Mart	" " " " " "	Unknown	\$ 1,118.18
Citibank VISA	" " " " " "	\$ 5,809.63	\$ 22,292.63
MBNA	" " " " " "	\$ 1,245.00	\$ 8,212.87
MBNA	" " " " " "	\$ 3,213.00	\$ 23,171.95
Associated Bank	" " " " " "	\$ 753.00	\$ 5,656.84
First Premier Bank	" " " " " "	\$ 24.00	\$ 791.95

Total: \$214,569.62

6. My non-marital** property is as follows:

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>MANNER ACQUIRED</u>	<u>MY ESTIMATE OF VALUE</u>
1976 White Semi tractor	1987	bought it prior to marr.	\$ 500.00
1971 Chrysler Newport	1986	bought it prior to marr.	\$ 100.00
Ruger 10/22 rifle	1986	bought it prior to marr.	\$ 75.00
One gun cabinet	1998	H received as gift	\$ 100.00
12 Gauge shotgun	1985	H bought prior to marr.	\$ 35.00
Old bullets (Dad)	1995	H received gift-father	\$ 20.00

Geo. Foreman cooker	Xmas, 2001	Christmas gift	\$ 15.00
Whirlpool window air cond.	Before marr.	Purchase	200.00
12 hp. Riding mower & grass catcher	approx. 1999	Gift from mother	\$ 100.00
Aluminum fuel tank(65 Dodge)	Before marr.	Purchase	\$ 25.00
Tan cowboy hat	1998	Inherited from Dad	\$ Unknown
Fireproof safe	1986	Purchase	\$ 10.00
1 set car ramps	1984	Purchase	\$ 10.00
Dad's fishing tackle box	1998	Inherited from dad	\$ unknown

7. My spouse's non-marital property is as follows:

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>MANNER ACQUIRED</u>	<u>MY ESTIMATE OF VALUE</u>
--------------------	--------------------------	----------------------------	---------------------------------

*Any debt incurred by either or both of us during the marriage.

**Any property (1) owned by me before marriage, or (2) inherited, or (3) received as a gift by me during the marriage.

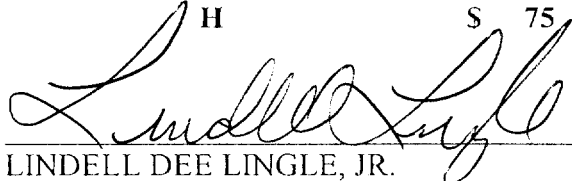
8. All disputed items of property owned by us, together with my requests as to the award of such property are as follows:

<u>DESCRIPTION OF PROPERTY</u>	<u>WHO IS NOW IN POSSESSION</u>	<u>WHO SHOULD BE AWARDED PROPERTY</u>	<u>MY ESTIMATE OF FAIR CASH MARKET VALUE</u>
ANSWER:			
1998 Ford Expedition	W	W	\$12,000
1976 Ford pickup truck	H	H	200
1965 Dodge Truck	W	H	\$300
(for parts)			
Sears Tiller	W	W	\$ 25
Hand, power tools	W	H	\$150
Table saw	W	W	\$ 75
Planer	W	H	\$300
Vacuum cleaners	W	H,W	\$750
Stove	W	W	\$250
Refrigerator	W	W	\$700
Kitchen table,chairs	W	W	\$ 50
Plates, pots, pans, silverware, skillets, coffeepot, bread machine, hamburger cooker	W	W, H	\$200
2 microwaves	W	W, H	\$350
Dining table,chairs	W"	H	\$150

Microwave cart	W	W	\$ 50
Washer	W	W	\$300
Dryer	W	W	\$300
Deep freeze	W	H	\$400
China Hutch	W	H	\$250
2 living rm. Chairs	W	W	\$100
Couch	W	W	\$150
TV-living room	W	H	\$200
VCR-living room	W	H	\$200
Satellite computer	W	W	\$400
1965 Dodge Ton Truck	W	H	\$750
1998 Honda Accord	W	H	\$1,000
Leather Saddle	W	H	\$350
Log Splitter	W	W, H	\$725
Home 1885 Nash Road	W		\$186,700
		(Mtg. approx.	\$46,500)
Barrell pump	W	H	10
1 set truck loadlocks	W	H	25
2 International truck rims w/tires	W	H	5
Approx. 12 knives	W	H	150
Wallet	W	H	10
Books	W	H	unknown
Laserscope	W	H	50
Cigarette lighters	W	H	25
Black cowboy hat	W	H	unknown
1 double bit Axe	W	H	5
1 shovel	W	H	5
1 tree trimming tool	W	H	5
2 chain boomers	W	H	5
1 grease gun	W	H	5
1 log chain big, about 25 ft. long	W	H	50
1 steel cable about 50 ft. long	W	H	25
1 2500 ft. spool of 12 ga. Tracer wire	W	H	unknown
1 ¾ inch drive socket set	W	H	40
2- 12 volt tractor alternators	W	H	50
1 set aluminum 4-wheeler ramps	W	H	100
1 RR jack or high lift jack	W	H	25
2 boxes of semi trailer brakes, new still in box	W	H	50
1 22 ft. aluminum ladder	W	H	50
1 18 speed bike	W	H	50
1 pile of Indian Hammer stones and an Indian Mantel by the propane tank	W	H	unknown
4 fishing poles and reels	W	H	50

1 tackle box and worm boxes	W	H	50
1 spotting scope and fanny packs	W	H	50
1 plastic rifle case	W	H	50
1 plastic pistol case	W	H	25
1 cloth shotgun case	W	H	10
1 box w/owner's manuals in it	W	H	unknown
1 halogen light	W	H	10
1 Lawson Wire connectors case	W	H	50
2 2-drawer metal filing cabinets	W	H	50
1- 10 drawer Snap on Tool box	W	H	300
1 Lincoln Welder w/Extension cord			
2 welding clamps, 1 welding helmet	W	H	150
1 110,000 btu Torpedo heater	W	H	200
1 bench grinder	W	H	50
1 vise	W	H	25
1 Lawson nut and bolt bin and contents	W	H	100
1 Lawson screw bin and contents	W	H	50
1 aluminum semi-trailer unit bank	W	H	200
2 100 lb. propane tanks	W	H	25
2 or 3 boxes of misc. truck parts	W	H	unknown
Misc. truck parts – scattered	W	H	unknown
Stove end table	W	W	\$100
Set bunk beds	W	W	\$100
Computer Packard Bell	W	W	\$500
TV-living room	W	W	\$150
VCR	W	W	\$100
Computer desk	W	H	\$ 50
Dresser	W	W	\$ 50
Chest	W	W	\$ 50
Queen bed, dresser, Chest, nightstand	W	H	\$1,000
TV-bedroom	W	W	\$ 150
VCR	W	W	
1 gun cabinet	W	W	\$ 350
Computer-bedrm.	W	H	\$ 750
Scanner/computer	W	H	\$ 25
2 calculators	W	W, H	\$ 25
Canoe	W	W	\$ 100
Computer desk in master bedrm.	W	H	\$ 100
Acer computer	W	W	\$ 600
Printer for computer	W	W	\$ 100
Bed	W	W	\$ 100
Chest	W	W	\$ 50
Dresser	W	W	\$ 150

Bed	W	W	\$ 100
Dresser	W	W	\$ 100
Chest	W	W	\$ 50
Trucking stuff in old house	W	H	\$1,000
Stuff in wife's parents garage	W's parents home	W	\$1,000
Push mower	W	W	\$ 25
3 picnic tables	W	W, H	\$ 150
Horse	W	W	\$1,200
Horse	W	W	\$ 900
Saddle, black vinyl	W	W	\$ 300
4 ladder deer stands	W	W, H	\$ 400
Lawn mower trailer	W	H	\$ 75


 LINDELL DEE LINGLE, JR.

Subscribed and sworn to before me this _____ day of _____, 2003.

 Notary Public

(SEAL)

ROBERT H. RATH
 Attorney for Respondent/Counterpetitioner
 11 E. Poplar St.
 Harrisburg, IL 62946
 Tel: (618) 252-6326

Illinois Department of Revenue
2002 Form IL-1040
Individual Income Tax Return

or for fiscal year
ending ____/03

EXHIBIT

4

www.ILtax.com

Step 1: Your personal information

353-58-6868

356-62-6882

Lindell D. Lingle Jr.
Theresa Lingle
c/o Kemper CPA Group, P.O. Box 684
Anna, IL 62906

C Check the same filing status you checked on your federal return.

☐ Single or head of household ☒ Married filing jointly ☐ Married filing separately ☐ Widowed

D Check the box if at least two-thirds of your federal gross income came from farming. ☐

Step 2: Figure your income

- 1 Write your federal adjusted gross income from your U.S. 1040, Line 35;
U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile worksheet, Line I. 1 27,972.
- 2 Write your federally tax-exempt interest and dividend income from
your U.S. 1040 or 1040A, Line 8b. 2 _____
- 3 Write any other additions to your income that are taxable in Illinois. See the
instructions for details. Specify your additions. 3 _____
- 4 Add Lines 1 through 3. This is your income. 4 27,972.

Step 3: Figure your base income

- 5 Write income received from Social Security benefits and certain retirement
plans if that income is included in Step 2, Line 1. See instructions. 5 _____
- 6 Write the military pay you earned if it is included in Step 2, Line 1. 6 _____
- 7 Write your Illinois Income Tax refund if it is included in Line 10 of
your U.S. 1040. 7 _____
- 8 Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S.
agency interest from U.S. 1040, Schedule B, or 1040A, Schedule 1. 8 _____
- 9 Write any other subtractions to your income. See Line 9 instructions
and our Publication 101 for details. Do not subtract your out-of-state
income. Specify your subtractions. 9 _____
- 10 Add Lines 5 through 9. This is your total subtractions. 10 _____
- 11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 27,972.

Step 4: Figure your exemption allowance

- 12 a Write the number of exemptions from your federal return. 5 x \$2,000 a 10,000.
- b If someone else claimed you on their return, see Line 12
instructions to figure the number to write here. ☐ x \$2,000 b _____
- c Check if 65 or older: ☐ You + ☐ Spouse = ☐ x \$1,000 c _____
- d Check if legally blind: ☐ You + ☐ Spouse = ☐ x \$1,000 d _____
- Add Lines a through d. This is your total Illinois exemption allowance. 12 10,000.

Step 5: Figure your net income

- 13 Residents only: Subtract Line 12 from Line 11. This is your net income.
Write your net income here and on Line 15. Skip Line 14. 13 17,972.
- 14 Nonresidents and part-year residents only:
Check the box that applies to you during the year 2002. ☐ Nonresident ☐ Part-year resident
Complete Illinois Schedule NR, and write your Illinois income from
Step 5, Line 47. 14 _____

Step 6: Figure your tax

- 15 Residents: Write your net income from Line 13. 15 17,972.
16 Residents: Multiply Line 15 by 3% (.03). Write the result on Line 16. This is your tax.
Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 53. 16 539.

Step 7: Figure your payments and credits

- Attach** 17 Write the total amount of Illinois Income Tax that was withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17 1,348.
W-2's (Attach to page 1)
18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2001 overpayment. 18 _____
Schedule CR 19 If you paid income tax to another state while an Illinois resident, complete Schedule CR and write the amount from Line 8 of that schedule here. 19 _____
Other states' returns and required schedules
20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions.
Write PT Worksheet Line 3 amount here. → 20a 1,744.
Write PT Worksheet Line 8 amount here. → 20b 87. Statement 1
Receipt or Schedule ED 21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. → 21a _____
Write Schedule ED or ED Worksheet Line 10 amount here. → 21b _____
22 If you received a federal EIC, complete the EIC Worksheet in instructions.
Write EIC Worksheet Line 1 amount here. → 22a _____
Write EIC Worksheet Line 11 amount here. → 22b _____
Schedule 1299-C 23 If you completed Illinois Schedule 1299-C, write the amount from Step 4, Line 44. 23 _____
24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your total payments and credits. 24 1,435.

Step 8: Figure your overpayment or your tax due

- 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 896.
26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 _____

Step 9: Figure your penalty

- 27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28. 27 _____
Attach Check the box if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. ☐
Form IL-2210

Step 10: Figure your donations Any donation will reduce your refund or increase the amount you owe

- 28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.
Wildlife Preservation a _____ Breast Cancer Research e _____
Child Abuse Prevention b _____ Prostate Cancer Research f _____
Alzheimer's Research c _____ Multiple Sclerosis g _____
Homeless Assistance d _____
Add Lines a through g. This is your total voluntary contributions 28 _____

- 29 Add Line 27 and Line 28. This is your total penalty and donations. 29 _____

Step 11: Figure your refund or the amount you owe

- 30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 896.
31 Write the amount from Line 30 that you want applied to your 2003 estimated tax. 31 _____
32 Subtract Line 31 from Line 30. This is your refund. 32 896.
Direct Deposit See instructions → 33 Direct deposit your refund by completing the following information.
Routing number _____ Type of account ☐ Checking ☐ Savings
Account number _____
Payment Options See instructions → 34 If you have tax due on Line 26, add Lines 26 and 29. **OR**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 _____

Step 12: Sign and date your return

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature _____ Date _____ (618) 827-3514 Daytime phone number Your spouse's signature _____ Date _____
Paid preparer's signature _____ Date _____ (618) 833-3759 37-0818432 Preparer's phone number Preparer's FEIN, SSN, or PTIN

249002
12-17-02

ID: 3021

If you use a preparer and want a booklet next year, check the box. ☐

If no payment is enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

ndell D. Lingle Jr. & Theresa Lingle

353-58-6868

1040

Homeowner's Property Tax (PT) Worksheet

Statement 1

Write the total amount of Illinois Property Tax paid in 2002 for the real estate that includes your principal residence . .	1,744.
Write the portion of your tax bill that is deductible as a business expense on U.S. Schedule C, E, or F or other U.S. income tax forms or schedules, whether or not you actually took the federal deduction	
Subtract Line 2 from Line 1. Write the amount here and on Line 20a of your Form IL-1040	1,744.
Multiply Line 3 by 5% (.05)	87.
Write the amount of income tax from your Form IL-1040, Line 16	539.
Write the amount of credit for tax paid to other states from your Form IL-1040, Line 19	
Subtract Line 6 from Line 5. This is your tax	539.
Compare the amounts on Line 4 and Line 7. Write the lesser amount here and on your Form IL-1040, Line 20b. This is your property tax credit	87.

GROUP

76463

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

YOUR CURRENT SUBPROGRAM ACCOUNT IS ALMOST EXHAUSTED.

IMPORTANT

XLF066 (REV. 05/00)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

40121

76215

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
01/04/2003	197.00									197.00
PAYDATE	WEEKS	Check Amount Reflects \$ 20.00 Withheld as Tax								CHECK AMOUNT \$ 177.00
01/15/2003	1	Internal/External Check Nos. 200301528570 / 93524992								

YOU HAVE EXHAUSTED YOUR ENTITLEMENT TO REGULAR BENEFITS.

IT IS NOT NECESSARY TO REPORT TO YOUR LOCAL OFFICE;

A CLAIM FOR EMERGENCY UNEMPLOYMENT COMPENSATION WILL

BE AUTOMATICALLY ESTABLISHED. INFORMATION REGARDING

ELIGIBILITY REQUIREMENTS, JOB PROSPECTS CLASSIFICATION,

AND A CERTIFICATION WILL BE MAILED TO YOU.

FOR LOCAL OFFICE USE:—

EXHAUSTED SUBPROGRAM: A

BEN YR BEGIN: 05/05/20

607B STATUS: D

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

IMPORTANT

XLFD66 (REV. 05/00)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

32336

61201

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
01/11/2003	431.00									431.00
01/18/2003	431.00									431.00
PAYDATE	WEEKS	Check Amount Reflects \$ 86.00 Withheld as Tax							CHECK AMOUNT \$	776.00
01/22/2003	2	Internal/External Check Nos. 200302222931 / 93640269								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

IMPORTANT

XLFD66 (REV. 05/00)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

33516

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

64104

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
01/25/2003	431.00									431.00
02/01/2003	431.00									431.00
PAYDATE	WEEKS	Check Amount Reflects \$ 86.00 Withheld as Tax							CHECK AMOUNT	\$ 776.00
02/05/2003	2	Internal/External Check Nos. 200303623757 / 93905309								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

IMPORTANT

XLF066 (REV. 05/00)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE. 2. WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

35063

67420

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
02/08/2003	431.00									431.00
02/15/2003	431.00									431.00
PAYDATE	WEEKS	Check Amount Reflects \$ 86.00 Withheld as Tax								CHECK AMOUNT \$ 776.00
02/19/2003	2	Internal/External Check Nos. 200305024826 / 94168892								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLF066 (REV. 02/03)

IMPORTANT

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

67603

- IMPORTANT**
1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
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4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

67974

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

YOUR CURRENT SUBPROGRAM ACCOUNT IS ALMOST EXHAUSTED.

IMPORTANT

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

32722

62710

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
03/22/2003	431.00									431.00
03/29/2003	431.00									431.00
PAYDATE	WEEKS	Check Amount Reflects \$ 86.00 Withheld as Tax							CHECK AMOUNT \$	776.00
04/02/2003	2	Internal/External Check Nos. 200309223207 / 94951449								

YOUR CURRENT SUBPROGRAM ACCOUNT IS ALMOST EXHAUSTED.

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLF066 (REV. 02/03)

IMPORTANT

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

31524

60490

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
04/05/2003	431.00									431.00
PAYDATE	WEEKS	Check Amount Reflects \$ 43.00 Withheld as Tax							CHECK AMOUNT	\$ 388.00
04/16/2003	1	Internal/External Check Nos. 200310622610 / 95190570								

YOU HAVE NOW RECEIVED THE MAXIMUM AMOUNT OF FEDERAL
TEMPORARY EXTENDED UNEMPLOYMENT COMPENSATION (TEUC).
NO FURTHER TEUC BENEFITS ARE AVAILABLE AT THIS TIME.
IF ADDITIONAL TEUC BENEFITS BECOME AVAILABLE YOU
WILL BE NOTIFIED. IF YOU HAVE WORKED AND EARNED WAGES
DURING THE PAST 18 MONTHS YOU SHOULD CONTACT YOUR LOCAL
OFFICE TO INVESTIGATE YOUR ELIGIBILITY FOR REGULAR
BENEFITS.

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

IMPORTANT

XLFO66 (REV. 02/03)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

27984

53633

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
05/17/2003	438.00									438.00
PAYDATE	WEEKS	Check Amount Reflects \$ 44.00 Withheld as Tax CHECK AMOUNT \$ 394.00								
05/21/2003	1	Internal/External Check Nos. 200314120201 / 95743367								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLF066 (REV. 02/03)

IMPORTANT

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

27535

52558

SOCIAL SECURITY NUMBER.

353-58-6868 2

LOCAL OFFICE NUMBER.

53

LINDELL LINGLE

PO BOX 197

ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
05/24/2003	438.00									438.00
05/31/2003	438.00									438.00
PAYDATE	WEEKS	Check Amount Reflects \$ 88.00					Withheld as Tax		CHECK AMOUNT	\$ 788.00
06/04/2003	2	Internal/External Check Nos. 200315519881 / 95952928								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLFO66 (REV. 02/03)

IMPORTANT

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

27469

52692

53

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
06/07/2003	438.00									438.00
06/14/2003	438.00									438.00
PAYDATE	WEEKS									
06/18/2003	2	Check Amount Reflects \$ 88.00 Withheld as Tax CHECK AMOUNT \$ 788.00 Internal/External Check Nos. 200316919835 / 96164624								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLF066 (REV. 02/03)

IMPORTANT

- IMPORTANT**
1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
 2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
 3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
 4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE.SERVE.
 5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

26880

51309

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	D E D U C T I O N S							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
06/21/2003	438.00									438.00
06/28/2003	438.00									438.00
PAYDATE	WEEKS	Check Amount Reflects \$ 88.00 Withheld as Tax								CHECK AMOUNT \$ 788.00
07/02/2003	2	Internal/External Check Nos. 200318319363 / 96378332								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

IMPORTANT

X11066 (REV. 06/03)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

28329

54380

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	D E D U C T I O N S							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
07/05/2003	438.00									438.00
07/12/2003	438.00									438.00
PAYDATE	WEEKS	Check Amount Reflects \$ 88.00 Withheld as Tax							CHECK AMOUNT \$	788.00
07/16/2003	2	Internal/External Check Nos. 200319720502 / 96591915								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLF066 (REV. 06/03)

IMPORTANT

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

28466

54406

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
07/19/2003	438.00									438.00
07/26/2003	438.00									438.00
PAYDATE	WEEKS	Check Amount Reflects \$ 88.00 Withheld as Tax							CHECK AMOUNT	\$ 788.00
07/30/2003	2	Internal/External Check Nos. 200321120560 / 96810330								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

IMPORTANT

XLFO66 (REV. 06/03)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

27111

52207

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
08/02/2003	438.00									438.00
08/09/2003	438.00									438.00
PAYDATE	WEEKS	Check Amount Reflects \$ 88.00 Withheld as Tax							CHECK AMOUNT \$	788.00
08/13/2003	2	Internal/External Check Nos. 200322519652 / 97021090								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLF066 (REV. 06/03)

IMPORTANT

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

26675

51120

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
08/16/2003	438.00									438.00
08/23/2003	438.00									438.00
PAYDATE	WEEKS	Check Amount Reflects \$ 88.00 Withheld as Tax								
08/27/2003	2	Internal/External Check Nos. 200323919485 / 97230952								
		CHECK AMOUNT \$ 788.00								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLFO66 (REV. 06/03)

IMPORTANT

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
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5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

25777

49096

CIAL SECURITY NUMBER.

353-58-6868 2
CAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
8/30/2003	438.00									438.00
9/06/2003	438.00									438.00
PAYDATE	WEEKS	Check Amount Reflects \$ 88.00 Withheld as Tax							CHECK AMOUNT	\$ 788.00
9/10/2003	2	Internal/External Check Nos. 200325318713 / 97431691								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

XLFO66 (REV. 06/03)

IMPORTANT

DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

24237

46616

SOCIAL SECURITY NUMBER.

353-58-6868 2
LOCAL OFFICE NUMBER.

53

LINDELL LINGLE
PO BOX 197
ANNA, IL 62906

WEEK ENDING DATE	GROSS BENEFIT	D E D U C T I O N S							SUPPLEMENT	* NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
09/13/2003	438.00					82.75		82.75		355.25
09/20/2003	438.00					82.75		82.75		355.25
PAYDATE	WEEKS	Check Amount Reflects \$ 88.00 Withheld as Tax							CHECK AMOUNT	\$ 622.50
09/24/2003	2	Internal/External Check Nos. 200326717637 / 97625522								

* BENEFIT AMOUNT ROUNDED TO NEAREST DOLLAR

IMPORTANT

XLF066 (REV. 06/03)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
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